



Texas Department of State Health Services Retail Food Establishment Inspection Report



Date: 10-21-22 Time in: 10:30a Time out: 11:00 License/Permit #: 0542285 Est. Type: _____ Risk Category: _____ Page 1 of 1

Purpose of Inspection: 1-Compliance 2-Routine 3-Field Investigation 4-Visit 5-Other TOTAL SCORE: _____

Establishment Name: La Catrina Street tacos Contact/Owner Name: _____ * Number of Repeat Violations: _____
✓ Number of Violations COS: _____

Physical Address: 2919 Lee St City/County: Greenville Zip Code: 75042 Phone: _____ Follow-up: Yes No (circle one)

A

Compliance Status: Out = not in compliance IN = in compliance NO = not observed NA = not applicable COS = corrected on site R = repeat violation
Mark the appropriate points in the OUT box for each numbered item Mark ✓ a checkmark in appropriate box for IN, NO, NA, COS Mark an asterisk * in appropriate box for R

Compliance Status						Compliance Status					
OUT	IN	NO	NA	COS	R	OUT	IN	NO	NA	COS	R
Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days						Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days					
Time and Temperature for Food Safety (F = degrees Fahrenheit)						Employee Health					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
1. Proper cooling time and temperature						12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting					
2. Proper Cold Holding temperature (41°F <u>45°F</u> <u>36°F</u>)						13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth					
3. Proper Hot Holding temperature (135°F)						Preventing Contamination by Hands					
4. Proper cooking time and temperature						14. Hands cleaned and properly washed/ Gloves used properly					
5. Proper reheating procedure for hot holding (165°F in 2 Hours) <u>COOKING Steam line</u>						15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED <u>Y</u> <u>N</u>)					
6. Time as a Public Health Control; procedures & records Approved: Source						Highly Susceptible Populations					
7. Food and ice obtained from approved source: Food in good condition, safe, and unadulterated; parasite destruction						16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required					
8. Food Received at proper temperature						Chemicals					
Protection from Contamination						17. Food additives; approved and properly stored; Washing Fruits & Vegetables					
9. Food Separated & protected, prevented during food preparation, storage, display, and tasting						18. Toxic substances properly identified, stored and used					
10. Food contact surfaces and Returnables: Cleaned and Sanitized at <u>200</u> ppm/temperature						Water/Plumbing					
11. Proper disposition of returned, previously served or reconditioned						19. Water from approved source; Plumbing installed; proper backflow device <u>City of Greenville</u>					
						20. Approved Sewage/Wastewater Disposal System, proper disposal					

Compliance Status						Compliance Status					
OUT	IN	NO	NA	COS	R	OUT	IN	NO	NA	COS	R
Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days						Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days					
Demonstration of Knowledge/ Personnel						Food Temperature Control/ Identification					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
21. Person in charge present, demonstration of knowledge and perform duties/ Certified Food Manager (CFM)						27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature					
22. Food Handler/ no unauthorized persons/ personnel Safe Water, Record keeping and Food Package Labeling						28. Proper Date Marking and disposition					
23. Hot and Cold Water available; adequate pressure, safe						29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips <u>SAE</u>					
24. Required records available (shelfstock tags, parasite destruction); Packaged Food labeled						Permit Requirement, Prerequisite for Operation					
Conformance with Approved Procedures						30. Food Establishment Permit (Current & Valid)					
25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions						Utensils, Equipment, and Vending					
Consumer Advisory						31. Adequate handwashing facilities: Accessible and properly supplied, used					
26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate/ Allergen Label)						32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used					
						33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided					

Compliance Status						Compliance Status					
OUT	IN	NO	NA	COS	R	OUT	IN	NO	NA	COS	R
Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection, Whichever Comes First						Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection, Whichever Comes First					
Prevention of Food Contamination						Food Identification					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
34. No Evidence of Insect contamination, rodent/other animals						41. Original container labeling (Bulk Food)					
35. Personal Cleanliness/eating, drinking or tobacco use						Physical Facilities					
36. Wiping Cloths; properly used and stored						42. Non-Food Contact surfaces clean					
37. Environmental contamination						43. Adequate ventilation and lighting; designated areas used					
38. Approved thawing method						44. Garbage and Refuse properly disposed; facilities maintained					
Proper Use of Utensils						45. Physical facilities installed, maintained, and clean					
39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used						46. Toilet Facilities; properly constructed, supplied, and clean					
40. Single-service & single-use articles; properly stored and used						47. Other Violations					

Received by: (signature) Dora Palma Castillo Print: Dora Title: Person In Charge/ Owner

Inspected by: (signature) Tammy Memahan R.S. Print: Tammy Memahan R.S. Business Email: _____

Form EH-06 (Revised 09-2015)

* Mop needs to hang when not in use
* Certified Food manager must be present during hours of operation